

NAME: _____
(APPLICANT)

NAME: _____
(HEAD OF HOUSEHOLD)

HOOPA FOOD DISTRIBUTION PROGRAM ZERO INCOME FORM

ONE FORM MUST BE COMPLETED BY EACH UNEMPLOYED HOUSEHOLD MEMBER WHO IS EIGHTEEN YEARS OF AGE OR OLDER, WHO IS NOT EMPLOYED REGULARLY, OR WHO HAS NO SOURCE OF INCOME. FAILURE TO COMPLETE THIS FORM PROPERLY WILL ONLY DELAY YOUR APPLICATION PROCESS.

1. WHAT CASH AMOUNT HAVE YOU RECEIVED IN THE PAST 30 DAYS? _____ PLEASE
EXPLAIN HOW YOU WERE ABLE TO OBTAIN THIS AMOUNT AND HOW OFTEN:
2. HAVE THERE BEEN RECENT CHANGES IN YOUR INCOME STATUS?
EXPLAIN:
3. WHAT IS YOUR HOUSING SITUATION?
4. DO YOU OWN YOUR OWN TRANSPORTATION? HOW DO YOU MAINTAIN THE COSTS OF OPERATION?
5. DO YOU LIVE WITH OTHERS THAT ARE NOT INCLUDED ON THE APPLICATION?
IF YES, DO YOU COOK AND PREPARE YOUR FOOD SEPARATELY?
6. HAVE YOU APPLIED FOR GOVERNMENTAL ASSISTANCE SUCH AS: GENERAL ASSISTANCE, SOCIAL SECURITY BENEFITS, TANF, OR AFDC?
7. HOW DO YOU PROVIDE FOR YOUR BASIC PERSONAL NEEDS/DAILY LIVING EXPENSES?

I HAVE COMPLETED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE AND VERIFY THAT IT IS TRUE.

SIGNATURE: _____ DATE: ____/____/____
FOR OFFICE USE ONLY DO NOT SIGN BELOW THIS LINE

CERTIFIER: _____ DATE: ____/____/____